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Director, Department of Mental Health

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Director, Department of Public Health

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"To improve the health and well-being of Los Angeles County residents by aligning and efficiently implementing Board-approved prevention, treatment, and healing initiatives that require the collaborative contributions of the three health departments."

TO: Supervisor Holly J. Mitchell, Chair
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Christina R. Ghaly, M.D., Director
Department of Health Services

Jonathan E. Sherin, M.D., Ph.D., Director
Department of Mental Health

Barbara Ferrer, Ph.D., M.P.H., M.Ed., Director
Department of Public Health

Jaclyn Baucum, Chief Operating Officer
Alliance for Health Integration

DATE: March 24, 2022

SUBJECT: **CREATING ON-SITE BEHAVIORAL HEALTH CRISIS RESPONSE TEAMS FOR LOS ANGELES COUNTY'S RESTORATIVE CARE VILLAGES (ITEM NO. 6 OF THE DECEMBER 7, 2021 BOARD AGENDA)**

On December 7, 2021, the Los Angeles County (County) Board of Supervisors (Board) approved the motion, "Creating Onsite Behavioral Health Crisis Teams for Los Angeles County's Restorative Care Villages," which instructed the Chief Executive Office (CEO) to work with the Directors of the Department of Mental Health (DMH), Department of Health Services (DHS), including its Emergency Medical Services Agency, the Department of Public Health (DPH), the Chief of the Fire Department and the Sheriff to ensure trained on-site behavioral health crisis response teams are readily available for the Restorative Care Village (RCV) campuses and report back with the description of the approach to be deployed, the roles and responsibilities of each department, and the timeline for implementation.

Below is the response to the motion with a recommended approach to responding to behavioral health crisis calls on campus.

Directive 1a and 1e: *Ensure trained on-site behavioral health crisis response teams are operational and readily available, twenty-four hours a day, seven days a week, at each of its Restorative Care Village campuses throughout their operation; and report back with a description of the approach to be deployed at each Restorative Care Village campus, the roles and responsibilities of each department, and a timeline for implementation.*

The trained on-site behavioral health crisis response team (Team) will be employed by the closest Mental Health Urgent Care Center (MHUCC) to the Restorative Care Village (RCV) site. The Team will be composed of existing MHUCC staff and will be accessible 24 hours a day, 7 days a week. To ensure that there is appropriate staffing and that the right processes are in place, this new process will initially start as a pilot at Martin Luther King Behavioral Health Center (MLK BHC).

When an RCV behavioral health call is received, indicating that there is a patient on campus with a behavioral health emergency, the MHUCC Team will be deployed to the location and respond within 15 minutes.[1] The Team may arrive with a gurney or a wheelchair to transport the patient, if necessary, depending on the situation. Upon arrival, the Team will work together to de-escalate and stabilize the patient in the field. The patient will be assessed, and a determination will be made if the patient needs to be triaged to nearest Emergency Department (ED), MHUCC, or mental health outpatient clinic. Patients that show any signs of medical instability or severe intoxication will be triaged to the ED. Patients who voluntarily seek mental health support or meet criteria for involuntary psychiatric hold and are medically stable will be triaged to the nearest MHUCC. Patients that are stabilized from both a mental health and medical standpoint may be referred to an appropriate outpatient program and clinic, including the Peer Resource Center.

To implement, this pilot will require discussions with the MHUCCs around amending current contracts and changes required to build in staffing and processes. DMH will have to contract for these Teams which will require authority to amend current contracts with the MHUCC providers who provide these services, funding to contract with them, and funding for appropriate education and training (further discussed below) to orient stakeholders on the process to activate these behavioral crisis response teams. DMH will evaluate the pilot's performance by reviewing data including response times, utilization, and outcomes. After six months of tracking and analyzing, DMH will plan to assess and potentially scale trained on-site behavioral health crisis response teams across other MHUCCs, cognizant of each campus's proximity to an MHUCC and unique layout.

Additionally, this pilot will require an initial coordination meeting among all responding entities on the MLK BHC campus (with at least one coordination meeting among all parties for each new expansion project) to flesh out operational details including the Fire and Sheriff's Departments. As such, an implementation timeline is anticipated to be six to twelve months and will be dependent on the resolution of establishing coordinated responses, contract amendments, and funding for the additional scope of work.

[1] The Team will be contacted via a specific phone or pager that is set up for this purpose.

Directive 1b and 1c: *Ensure all Restorative Care Village campus personnel, including security and non-security personnel, are trained on de-escalation techniques and on the process to promptly activate these on-site behavioral crisis response teams, when necessary; and to the extent reasonable, ensure relevant leases, Memoranda of Understanding, staff orientation training and adopted operational procedures at each Restorative Care Village campus reinforces the expectation that every on-campus entity will follow the adopted de-escalation protocols.*

Each contractor will be expected to implement protocols and operational procedures on de-escalation training for its staff. Since the RCV only makes up a small part of each hospital campus, coordination among all responding agencies will be necessary. As mentioned above, there will be an initial coordination meeting with all responding parties to ensure each is trained on the expected protocols and aware of the limitations of this contracted Team. In this meeting, the parties will determine if it's necessary to make any adjustments in the leases, MOU, staff orientations, and operational procedures for each campus. Opportunities for ongoing communication will be set up during the six-month review period to ensure coordination and quality. At the five-month mark, DMH will evaluate and share the data it has collected with the other involved departments and with the Board, ahead of the end of the six-month pilot. DMH, with the accompanying data, will make a recommendation for scaling up or adjusting the program at that time.

Based on the success of this pilot, DMH will also plan to evaluate the possibility of establishing mobile crisis response teams, dispatched from MHUCCs, that can respond within a five-to-ten-mile radius of the MHUCC, in response to community crisis calls to 988 (and beyond the boundaries of the Restorative Care Village campuses). This would tie this crisis response service to the County's broader Alternative Crisis Response (ACR) efforts and further support expansion of and access to mobile crisis response services Countywide.

Directive 1d: *Direct the CEO to work with the Directors of DMH, DPH and DHS to identify necessary funding to support these on campus teams, to the extent necessary.*

DMH will be responsible for contributing to the funding of the teams via the contracts with the MHUCCs and there will be no net County cost associated with these actions. If it is deemed necessary for additional support for substance use triage, DMH will request support from DPH with staff for substance use triage training and ongoing technical assistance, as needed, to the contractor.

DMH is reviewing existing contracts with the company, Exodus, that runs the Urgent Care Center at MLK BHC to determine additional staffing and funding for a Behavioral Health Mobile Crisis Response team.

If you have any questions or require additional information, please contact Dr. Amanda Ruiz, DMH Supervising Psychiatrist at (213) 943-8745 or via email at amaruiz@dmh.lacounty.gov.

JB:ak

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Sheriff's Department
Fire Department

ATTACHMENT I

DEFINITIONS

Medical Stability/Medical Instability:
A nurse will perform a medical screening of the patient (attached). If patient has any red flags, patient will be triaged to nearest emergency room.

Behavioral Health Emergency:
A behavioral emergency, also called a behavioral crisis or psychiatric emergency, occurs when someone's behavior is so out of control that the person becomes a danger to themselves or others. The situation is so extreme that the person must be treated promptly to avoid injury to themselves or others. Time is of the essence in a behavioral emergency, so it is important to recognize the symptoms of this type of emergency and realize the degree to which the situation can escalate if immediate steps are not taken to diffuse the situation.

The symptoms of a behavioral emergency include extreme agitation, threatening to harm yourself or others, yelling or screaming, lashing out, irrational thoughts, throwing objects and other volatile behavior. The person will seem angry, irrational, out of control and unpredictable. The unpredictable nature of this type of emergency can lead to injuries to bystanders if the sufferer displays violent behavior during the episode.